

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/3/

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-03-2001 90049 009 \*\*\*150.00

DOCUMENT # L44491

1. Entity Name

AIRPORT INFORMATION, INC.

Principal Place of Business

5757 N.W. 11TH STREET  
SUITE #160  
MIAMI FL 33126

Mailing Address

5757 N.W. 11TH STREET  
SUITE #160  
MIAMI FL 33126

2. Principal Place of Business

10671 N. KENDALL DR  
SUITE APT. #, etc.  
MIAMI, FL  
City & State

3. Mailing Address

P.O. BOX 143570  
SUITE APT. #, etc.  
CORAL GABLES  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0382744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROCHETARU, RALPH ESQ  
5757 NW 11 ST.  
SUITE 160  
MIAMI FL 33126

7. Name and Address of New Registered Agent

NAME: MICHAEL GETELMAN ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
10671 NORTH KENDALL DRIVE  
ATTORNEY  
City MIAMI, FL FL Zip Code 33176

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

MICHAEL GETELMAN ESQ [Signature] 3/29/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROCHETEAU, RALPH	
STREET ADDRESS	5757 NW 11 ST., #160	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD W. CLARK	
STREET ADDRESS	10671 N. KENDALL DR	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD W. CLARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/01 (305) 632-9806

PRESIDENT  
DIRECTOR

CR2E034 (10/00)